

Wisconsin Department of Safety and Professional Services

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Madison, WI 53703
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PROFESSIONAL ASSISTANCE PROCEDURE

INSTRUCTIONS FOR PAP APPLICATION AND PARTICIPATION

1. Review the enclosed administrative rules. The rules provide structure to PAP and describe how the procedure operates.
2. If you choose to participate, complete the *Application for Participation* and submit the information requested.
3. If you have ever had an assessment for chemical dependency or have not seen a chemical dependency professional within the last 4-6 months, you must make arrangements to have a current assessment as soon as possible. This information is necessary to determine your current treatment needs, if any. Your assessment must be conducted by a person who is certified as an alcohol and other drug abuse counselor in good standing. Your appointment should be scheduled within the next 30 days. Please arrange for a copy of the assessment to be sent directly to the Coordinator.
4. Once your application has been processed, you will receive an *Agreement for Participation*, a contract describing the conditions for participation. Please make a copy for your records so you know what you are required to do to be in compliance. You may want to provide a copy to your therapist and/or work supervisor so each will assist you in compliance. It is your responsibility to make sure you understand and comply with the terms of the *Agreement for Participation*.

No changes may be made in the terms of the *Agreement for Participation* without written approval from PAP.

5. Please arrange for all listed materials to be sent to PAP at the above address within 14 days marked **CONFIDENTIAL**.

If you have completed a primary treatment program, submit:

1. A copy of the initial assessment from your treatment provider;
2. A copy of your discharge summary from your treatment provider;
3. An update from your current therapist providing a summary of your involvement in recovery, therapist's current recommendations for ongoing care, dates and results of all drug screens, diagnosis, prognosis and work restrictions, if necessary;
4. A letter from your work supervisor summarizing your responsibilities and work performance;

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If you are currently in a primary treatment program, submit:

1. A copy of the initial assessment from your treatment provider;
2. A copy of your discharge summary, upon discharge, providing diagnosis, prognosis, progress in treatment, recommendations for aftercare and work restrictions;
3. Dates and results of all drug screens provided during treatment;
4. A letter from your work supervisor summarizing your responsibilities and work performance;

If you have never completed a primary treatment program or if you have not had contact with a chemical dependency professional in the last 4-6 months:

1. Arrange for an assessment with an approved facility and ask that verification of your appointment be forwarded immediately;
 2. Submit a copy of the assessment, as soon as possible, providing recommendations for treatment; if treatment is recommended, a treatment plan and verification of participation;
 3. Once treatment is completed, a copy of the discharge summary, providing diagnosis, prognosis, dates and type of program completed, progress in treatment, recommendations for aftercare and work restrictions, if necessary;
 4. A letter from your work supervisor summarizing your responsibilities and work performance;
6. If you have any questions or concerns regarding these materials, please call the Coordinator of the Professional Assistance Procedure at (608) 267-3817.